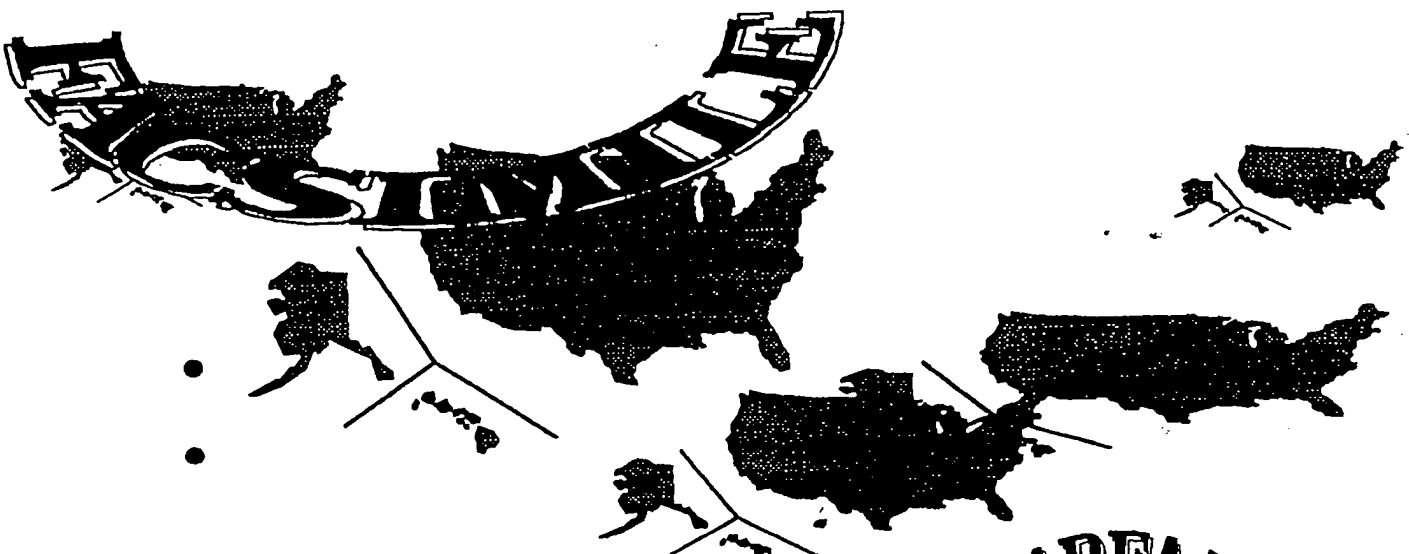




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REF (APPLICATION SER. NO.) 08180787

DATE 11/10/98

TO Joe Petrosy
NAME/TELEPHONE NO.

Kulim Inc.,
COMPANY/FIRM

732-636-1813
FAX NUMBER

FROM RAMESH PATEL
NAME

(703) 308-6673 / 2786
TELEPHONE NO. / ART UNIT

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Attn: Joe Petrosy

HAVE A NICE DAY !!

○ Extension of time

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Application Number</td> <td style="width: 50%; padding: 5px;">Filed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Group Art Unit</td> <td style="width: 50%; padding: 5px;">Examiner</td> </tr> </table>			In re Application of		Application Number	Filed	For		Group Art Unit	Examiner							
In re Application of																	
Application Number	Filed																
For																	
Group Art Unit	Examiner																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17 (a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p>A small entity statement under 37 CFR 1.27:</p> <ul style="list-style-type: none"> <input type="checkbox"/> is enclosed. <input type="checkbox"/> has already been filed in this application. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ . I have enclosed a duplicate copy of this sheet. <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="text-align: center;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/> <div style="display: flex; justify-content: space-between;"> _____ Date _____ Signature </div> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/> <div style="text-align: center; width: 100%;"> </div> <p style="text-align: center;">_____ Typed or printed name</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ _____
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____															
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<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ _____															

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